

**New Jersey Department of Health and Senior Services  
Infectious and Zoonotic Diseases Program  
PO Box 369  
Trenton, NJ 08625-0369**

**ANIMAL POPULATION CONTROL PROGRAM  
PROXY AUTHORIZATION**

*This authorization falls under Public Law 1983, Chapter 172 of New Jersey. Any falsification of information on this or related document is punishable by fines under the penalty enforcement law.*

Name of Pet Owner (Print)		Telephone No.																											
Address of Pet Owner																													
Name of Proxy (Print)		Telephone No.																											
Address of Proxy																													
<p>I hereby authorize the above-named proxy to represent me with respect to the following animal(s) which are owned by me:</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left; width: 60%;">Description of Animal</th><th style="text-align: center; width: 10%;">Dog</th><th style="text-align: center; width: 10%;">Cat</th><th style="text-align: center; width: 20%;">Age</th></tr></thead><tbody><tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>_____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr></tbody></table> <p>I am eligible under the following program:</p> <table style="width: 100%; border-collapse: collapse;"><tbody><tr><td><input type="checkbox"/> Food Stamps</td><td><input type="checkbox"/> Rental Assistance</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income (SSI)</td><td><input type="checkbox"/> Lifeline Credit</td></tr><tr><td><input type="checkbox"/> Aid to Families w/Dep. Children (AFDC)</td><td><input type="checkbox"/> Tenants Lifeline Assistance</td></tr><tr><td><input type="checkbox"/> General Public Assistance (Welfare)</td><td><input type="checkbox"/> Medicaid</td></tr><tr><td><input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled</td><td><input type="checkbox"/> Shelter Adoption</td></tr></tbody></table> <p>My program identification number is _____</p>				Description of Animal	Dog	Cat	Age	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Lifeline Credit	<input type="checkbox"/> Aid to Families w/Dep. Children (AFDC)	<input type="checkbox"/> Tenants Lifeline Assistance	<input type="checkbox"/> General Public Assistance (Welfare)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled	<input type="checkbox"/> Shelter Adoption
Description of Animal	Dog	Cat	Age																										
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																										
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																										
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																										
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Rental Assistance																												
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Lifeline Credit																												
<input type="checkbox"/> Aid to Families w/Dep. Children (AFDC)	<input type="checkbox"/> Tenants Lifeline Assistance																												
<input type="checkbox"/> General Public Assistance (Welfare)	<input type="checkbox"/> Medicaid																												
<input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled	<input type="checkbox"/> Shelter Adoption																												
Signature of Pet Owner		Social Security No.	Date																										
Signature of Proxy		Social Security No.	Date																										
Signature of Veterinarian	Hospital		Date																										